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**FOR IMMEDIATE RELEASE**

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**HUMAN RIGHTS AUTHORITY- CHICAGO REGION**

**REPORT 09-030-9013**

**Pioneer Center for Human Services**

**INTRODUCTION**

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at the Pioneer Center for Human Services P.A.D.S. (Public Action to Deliver Shelter- PADS) Rindal facility. It was alleged that the facility did not follow Code procedures when it discharged a recipient for no adequate reason. If substantiated, this allegation would be a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.).

Pioneer Center for Human Services is a non-profit agency that provides services to over 1600 individuals annually in McHenry County. It serves persons with developmental disabilities, mental illness, traumatic brain injury, and provides early intervention therapies for children from birth to age five. It also serves victims of sexual assault through the VOICE program and homeless men, women and children through the PADS program. The PADS program maintains seven emergency church shelters and a year-round daytime shelter at the Day Services Center. Additional supportive services, such as counseling and referral to other Pioneer services, are available at the Rindal Transitional Living Home.

To review these complaints, the HRA conducted a site visit and interviewed the President/CEO, the Vice-President of Programs, the Director of Quality Assurance, the Director of PADS, the Program Manager of PADS, and the Mental Health Counselor. Agency policies were reviewed and the recipient's clinical record was reviewed with written consent.

**COMPLAINT SUMMARY**

The complaint alleges that the recipient was homeless and suffering from depression when she applied for the Transitional Housing program at Pioneer Center. She reported to staff all of her various physical and mental health issues and was accepted into the program. Although she was compliant with all the requirements of the program, she was discharged when she submitted her medical information at the request of staff. As a result, the recipient was given 5 hours to leave the shelter and find a place to stay for herself and her 9 year old daughter. The complaint alleges that the recipient was discharged "due to her medical record" however the

recipient does not know what information within the record would cause her to be evicted with such short notice.

## FINDINGS

The record (case notes) indicate that the recipient moved into the PADS Transitional Home on 4/1/08. A McHenry County PADS Intake Application was completed on this date and it states that the recipient is a mother "originally from Florida, came to IL after brain surgery but can no longer stay with mother." Her medical conditions include the comment, "Has VP shunt in head which drains spinal fluid. Had brain surgery due to DV [domestic violence] in July 2007." The application indicates that the recipient has been prescribed 5 medications and is under the care of a neurologist, a neurosurgeon, a psychiatrist (from the Family Services Program of a separate community mental health agency), and an internal medicine physician. Her special needs are listed as mental illness, physical disability [traumatic brain injury], and domestic violence.

A number of additional documents were signed by the recipient on 4/1/08. Included in these is the Day Program/Drop In Agreement, indicating that the recipient had read and understood the requirements and expectations of the day program. There is also an "HMIS" (Homeless Management Information System) Client Informed Consent /Release of Information Authorization for the use of data by the HUD (U.S. Department Housing and Urban Development) and interagency services, and a Homeless Eligibility Verification form. The recipient also signed The "Rights, Confidentiality, Grievance and Handbook Policy" form, indicating that she received and understood her rights to confidentiality and notice that there is a grievance policy. Also signed on 4/1/08 is the "Goal Progress Worksheet" portion of the Initial Assessment that outlines the recipient's IPP (Individual Program Plan) goals: Obtain permanent housing, increase income, achieve greater self determination, and referral to mainstream health or human services. Comments included on this form state:

- Call ...for housing resources
- Follow-up with SSDI appeal
- Continue to meet w/ counselor and psychiatrist at Family Services (community mental health program)
- Go to DHS re: cash assistance,
- Find a doctor to do a victim's rating for victim's compensation.

The record includes the "Transitional Home Rules", which was signed by the recipient on 4/01/08. These rules include meeting with the Program Manager weekly, and mental health counselor when scheduled, following IPP (Individual Program Plan) goals and objectives, and general housekeeping rules for community living. The recipient also signed the Transitional Housing Agreement which certifies that she read and understood the requirements and expectations of living at the PADS Transitional Home and that failure to comply with the rules could result in termination.

The record contains a Pioneer Center Intake Application completed on 4/03/08. The primary presenting problem identified by the recipient and the social worker is Post Traumatic

Stress Disorder and the secondary problem is Depression. Long term and short term goals and objectives are outlined to address each problem. There is also a Pioneer Center Health Checklist. This lists VP shunt, pseudotumor cerebri, anaplastic astrocytoma, pineal cyst, elevated ammonia levels, and it indicates that the recipient has filed for disability, had been denied and then filed an appeal. A letter was sent to the recipient on 4/03/08 from the Program Manager stating, "The HUD program and PSR [Pioneer Psycho-Social Rehabilitation] will accept you in the program with your diagnosis. ...This will give you a chance to get some work, and apartment with your daughter. Fill out if you want." Case notes from 4/07/08 indicate that "Manager informed her [recipient] that all her paperwork has been turned in to PSR Program. [Recipient] was concerned if this would hurt her chances for Disability. Manager wrote an e-mail to the Intake person to find out the plan."

On 4/27/08 a PADS Biopsychosocial Assessment was completed on the recipient by a licensed mental health counselor. It lists as a barrier to her stated goals "Anaplastic astrocytoma- currently undergoing chemotherapy to shrink tumor." It also identifies physical, emotional and domestic abuse along with depression and PTSD as psychiatric issues. The assessment indicates that the recipient receives continual care for brain cancer. The preliminary treatment plan and services indicates a recommendation for her IPP development, review and modification, community case management, intensive outpatient mental health counseling, medical services referral, psychological assessment, and PADS Transitional Housing Program.

Agency representatives have provided information regarding the structure of the Pioneer network. The PADS Day Center and the Transitional Home are programs operated under the umbrella of Pioneer Center for Human Services, which provides administrative oversight such as Human Resources, Payroll, Accounting, etc. for the Pioneer network. The Day Center program offers showers, laundry, sleeping rooms, kitchen access and a mailing address, however this program is completely voluntary and there is no formal programming. Recipients admitted into the PADS Transitional Home have made some commitment to ending their homelessness and they are able to apply for services from Pioneer Center programs such as Psycho-Social Rehabilitation, Vocational Counseling, supports for Traumatic Brain Injury, etc. In order to receive these services they must complete the necessary intake requirements for diagnosis, assessment, etc. Once the intake process is completed the recipient may begin to receive these services. The term PADS refers to all the services provided to homeless men, women and children within the Pioneer Center network.

Staff reported that the recipient in the extant case came into the Day Center for Intake and met the criteria for the Transitional Home, which is where she was admitted. Although staff estimated that approximately 20% of the Transitional Home participants have some mental illness, the program itself does not offer treatment of any kind, but just a place to stay for the homeless (average stay is 5-6 months). Staff reported that the shelter is not licensed, monitored, or funded by the State of Illinois and does not fall under the directives of the Mental Health Code. They indicated that the program is funded by grants, fund raising activities and donations. Staff reported that when the recipient was initially assessed and evaluated it was hoped that she would be linked to services within the Pioneer agency, however they also stated that each program that was recommended for the recipient required a psychiatrist's diagnosis of mental illness, and the recipient did not want to be seen by a psychiatrist, stating that she feared they

would only put her on more medication. She then requested to be diagnosed by a psychologist (whom she had been assigned at a separate community Family Services Program), however the PADS programs would not accept the psychologist's diagnosis. For this reason, staff reported that the recipient did not receive Pioneer services while she resided at the Transitional Home.

Agency representatives stated that soon after the recipient's arrival in the program they began to be concerned about her medical issues. Case Notes (4/27/08) indicate that one weekend she was admitted to the local hospital. Staff reported that she had stated she had an elevated ammonia level that resulted from her medications. An entry in the Case Notes on 5/18/08 state, "Met with [recipient] today and [recipient] said she met with mental health counselor. ...said she does not want to be kicked out. Manager told her there is no need to worry about being kicked out. Manager said we got concerned about the health do [sic] to not being a medical agency." Additionally, the recipient was prescribed numerous medications and since there is no monitoring of medications within the Home, there is always a threat of abuse or misuse. Staff reported that the recipient had reported that she had brain cancer and she presented with a PICC (peripherally inserted central catheter) line in her neck in which to receive chemotherapy, however staff were very suspicious that this diagnosis was not authentic. When staff requested documentation of the diagnosis and treatment regimen for the cancer the recipient was hesitant to provide it. To substantiate the recipient's medical status, and to confirm the legitimacy of the medication that had been prescribed, staff requested that the recipient submit releases of information to obtain her records from her attending physicians. The record contains two releases for medical records, one signed on 5/5/08 and another signed 5/20/08.

Medical records were obtained from two of the physicians who had treated the recipient for the effects of her brain injury, which had resulted from her being hit in the head with a baseball bat two years previous, while living in another state. These records indicate a constellation of medical problems and numerous hospital visits and tests, all of which left the recipient with many medications and possible diagnoses. What is undisputed is that the recipient had a ventricular shunt placed in her brain in 2007 and it was re-programmed again on March 14, 2008. At this time, one of her physicians determined that there was nothing else he could do to treat her symptoms and he recommended that she be evaluated psychiatrically. The discharge diagnoses from the other physician listed the following: Acute head concussion with severe intractable headache, history of pseudotumor cerebri with chronic headache, seizure disorder, elevated ammonia level, cause unknown, elevated ALT liver enzymes, leucopenia, and anxiety and depression.

Before the medical records were received by the program staff the recipient submitted a doctor's face sheet, allegedly created by her attending physician, that listed many disorders and medical conditions with a statement of her diagnoses. Program representatives stated that when staff reviewed this form they felt that it was not authentic and had been manufactured by the recipient. The Mental Health Counselor of the Day Center contacted the physician named on the paper and described to him its contents, which he then adamantly disclaimed. Staff that were interviewed stated that they had obtained release authorization from the recipient, however the recipient alleges that the release was obtained after the staff had contacted the physician by phone. The record indicates the recipient signed a release of information on 5/5/08 for her medical records. There is no documentation in the record for the date that the recipient

submitted the allegedly falsified document, and no indication that staff had discussed its authenticity or had contacted the physician. On 5/28/08 there is a notation in the Case Notes that states, "[Recipient] needs to sign a release for family services...We won't need the release now. The counselor got ahold of the Dr." There is only one more entry in the Notes for 5/30/08 which states, "[Recipient] discharged today."

Facility staff stated that on 5/29/08 the Program Manager, Division Director, and the Mental Health Counselor met to discuss the recipient after they received her medical records, with release of information (There is no documentation of this meeting in the record). They felt that the recipient was not progressing towards her identified goals, had medical conditions that were inappropriate for the Transitional Housing placement, and had issues with anger towards other program participants. They stated that they discussed the medical record and then contacted the physician, and after learning that the paperwork had been forged by the recipient they decided to discharge the recipient. The staff developed a "5 Day Notice to Vacate" informing the recipient of her discharge. The reasons listed on the form state:

- Forgery of medical documentation
- False statements of medical condition and physicians involved in ongoing care.

The Referral/Recommendation section states:

Following discharge, this agency will discontinue all services until a complete psychiatric assessment is obtained with appropriate documentation and follow-up regarding the possible presence of an Axis I Factitious Disorder with combined psychological signs and symptoms and an Axis II Borderline, Histrionic or Narcissistic Personality Disorder.

The form indicates that the recipient had until 6/03/08 to vacate the premises and failure to follow any rule or guideline between the date of notice and the date of discharge would result in immediate discharge from the program. Staff reported that the recipient then became very upset and began cursing as well as engaging other program participants in her anger toward staff (There is no documentation in the record of her behaviors or staff intervention). At this time the staff decided to immediately discharge her from the program and she was discharged on 5/30/08.

## STATUTES

The Mental Health Code describes a "mental health facility" as "...any licensed private hospital, institution, or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons" (405 ILCS 5/1-114). The Code also defines "Treatment" as "an effort to accomplish an improvement in the mental condition or related behavior of a recipient. Treatment includes, but is not limited to, hospitalization, partial hospitalization, outpatient services, examination, diagnosis, evaluation, care, training, psychotherapy, pharmaceuticals, and other services provided for recipients by mental health facilities" (5/1-128).

The Mental Health Code guarantees all recipients adequate and humane care in the least restrictive environment, pursuant to an individual services plan. The plan is to be formulated and periodically reviewed with the participation of the recipient and in consideration of the views of

the recipient (405 ILCS 5/2-102 a). Adequate and humane care is defined as "services reasonably calculated to prevent further decline in the condition of a recipient of services so that he or she does not present an imminent danger to self or others." (5/1-101.2).

The American Counseling Association Code of Ethics Section A.11a. states, "Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination." Also, if counselors determine they are unable to assist their clients, "Counselors are knowledgeable about....clinically appropriate referral resources and suggest these alternatives" (A.11b.).

### AGENCY POLICY

Per the agency website the McHenry County PADS program maintains a year-round Rindal Transitional Housing program that offers case management, counseling and support services for up to 20 individuals. The PADS program also maintains a Day Services Center where homeless individuals may come in voluntarily and there is no formal programming.

Agency representatives provided information regarding the policy and procedures of the Pioneer Center programming. They stated that the policies and procedures of the PADS programs were developed through the study of similar providers in the McHenry county area and represented the "best practice" for these programs. In 2006 the Pioneer Center was approached to take over the administrative oversight of the PADS programs. Since that time the administration has been working to ensure consistency in the PADS and Pioneer Center paperwork, policy, procedures, and systems. While the Pioneer Center programs were reviewed by a CARF (Commission on Accreditation of Rehabilitation Facilities) survey in 2008, the PADS services still are not licensed, funded or reviewed by the state.

The McHenry County PADS Program Eligibility, Procedures, and Expectations paperwork outlines the agency's expectations for accessibility to all program services. It states that McHenry County PADS programs are not an entitlement and that access and eligibility are determined by a case manager. The eligibility parameters for the Rindal Transitional Home are proof of residency in McHenry County, willingness to work intensely with a case manager to develop and implement an Individual Program Plan, and the ability to become fully employed or enrolled in a training or education program, which is to lead to a transition out of homelessness.

Intake requirements for the PADS Rindal Transitional Home Program include:

- *TB tests.*
- *Drug/alcohol test proving the individual is not using*
- *Show active participation in seeking employment, education, and daycare if needed.*
- *Social security cards for all individuals.*
- *Valid driver's license and/or state ID, proof of auto insurance, title to car if applicable.*
- *Custody papers for children.*

- *Copies of orders of protection, if applicable.*
- *Any other documentation required by the case manager, including requested release of information.*
- *All clients are required to meet with the case manager every three months for an IPP.*
- *Individuals with chronic health/mental health issues must provide appropriate documentation from a physician stating treatments received, medications prescribed, and any special needs pertaining to the chronic condition.*
- *Medical/mental health conditions may be evaluated by appropriate medical/mental health professionals in order to determine appropriate programmatic placement and needs.*

*If an individual refuses or fails to provide any of the above requirements, they will be denied admission or discharged from the Transitional Home Program.*

Residents of the Transitional Home Program are required to attend mandatory weekly group and individual sessions, as well as weekly meetings with the case manager. Residents who attend counseling at an outside agency are required to provide proof.

The Transitional Home Program issues a statement of client rights. They are:

- *You have the right to be free from any form of physical, financial, sexual, or psychological abuse, neglect, exploitation, or any form of physical punishment.*
- *You have the right to be treated with dignity and respect at all times.*
- *You have the right to private, secure, and adequate program environments.*
- *You have the right to get services that best fit your needs.*
- *You have the right to choose your goals and be part of all choices pertaining to your service plan.*
- *You have the right to review and have a copy of your services plan.*
- *You have the right to review and have copies of your records.*
- *You have the right to file grievances.*
- *You have the right to report any infringement of your rights to the Human Rights Committee.*

Staff is on call 24 hours per day at the Rindal Transitional Home Program. If a resident is physically or sexually assaulted by another client, a client threatens to harm himself or others, or a client sustains a life threatening injury after regular business hours, requiring immediate medical attention, 911 is to be contacted as well as the night staff or on-call staff.

The Transitional Home Program outlines the grounds for eviction:

- *Not following All the rules.*
- *Criminal charges.*
- *Consumption of alcohol, and/or illicit substances at ANY time (even during the overnight, etc..).*

- *Behavior contrary to those outlined in the Transitional Home Guidelines, or those which make conditions unsafe for other residents or staff. Criminal charges may be filed if applicable.*
- *Progress, participation, and compliance are assessed regularly. Failure to show progress may result in discharge from the program.*
- *Failure to submit appropriate medical documentation as outlined above.*

The program outlines its discharge procedures:

*Residents of the outlined guidelines will be given a ten day notice of discharge. Ten day notices detail reasons for discharge, date and time resident must vacate the Transitional Home. The notice will also provide a list of possible resources residents may utilize to obtain other housing placements or services. Except in extreme or criminal situations, the resident will be aware of any possible discharge notifications. All discharge notifications will be generated by the Program Manager, reviewed/approved by the Division Director with the final approval made by the VP of programs. Residents will receive a copy of the discharge notice the day it is administered.*

*As indicated, in extreme cases or where criminal charges have been made the PADS Program Manager may issue a discharge notification that is less than ten days, or even an immediate evacuation of the Transitional Home. These must be reviewed/approved by the Division Director and VP of Programs. As with the above, documentation for the reason for the discharge will be provided the resident at the time of notification.*

*The PADS program manager may also administer a longer discharge notification, up to five additional days if a resident needs additional time for other placement.*

Residents are given the right to appeal an eviction. In this case, grievance forms are attached to the discharge notification and residents have five days in which to complete these forms. The program manager decides if the resident will remain in the home during the appeal process.

## CONCLUSION

Information provided in agency policy, procedure and on the agency internet website indicates that the Rindal Transitional Housing Program offers case management, counseling and support services for its residents, 20% of whom are identified as mental health recipients. These program participants are assessed by a licensed counselor and are required to work intensely with a case manager to develop and implement an Individual Program Plan. They are required to work towards employment or enroll in a training or education program, which is to lead to a transition out of homelessness, hopefully within the 3-6 month average stay. The Intake requirements for the Transitional Home specifically state that all clients are required to meet with the case manager every three months for development of the IPP, and medical and mental health professionals may evaluate participants for appropriate medical/mental health programmatic placement and needs.



The recipient in this case met with a mental health counselor and the program manager to address her primary presenting problems identified as Post Traumatic Stress Disorder and Depression. Long term and short term goals and objectives were outlined to address each problem, and she was given referral to several other programs within the Pioneer network to address her needs (although she never participated in these services). Relying on the Mental Health Code description of "Treatment" as an effort to accomplish an improvement in the mental condition or related behavior of a recipient, the HRA feels that the Rindal program extends beyond the function of the traditional homeless shelter (such as the Day Center program) and would more appropriately be considered a provider of mental health services to mental health recipients, thus falling under the authority of the Mental Health Code.

The recipient in this case was discharged from the program for the stated reason that she forged medical documentation and gave false statements about her medical condition. For this infraction she was given a 5-day Notice to vacate. The agency policy regarding discharge states that residents will be given a 10-day notice that will also provide a list of possible resources the resident may use to obtain other housing or treatment. Policy states that in extreme cases or where criminal charges have been filed, the Program Manager may issue a discharge notification that is less than 10 days, or even an immediate evacuation of the home. In the extant case the recipient was given a 5-day notice and then asked to vacate immediately with no referral resources because staff heard that she was cursing and engaging other clients in her negativity. None of the reasons for her discharge or her immediate removal are recorded in the progress notes and none of the meetings regarding the discharge are recorded. There is no evidence from the record that the recipient did anything to warrant discharge. Additionally, even if the recipient had created the face sheet from her physician, the information contained in the hospital record substantiated her brain injury and other serious medical and mental health issues and would suggest a need for more extensive care or referral and not an immediate discharge. The HRA finds that the PADS Program did not provide adequate and humane care when it discharged the recipient for no adequate reason.

### RECOMMENDATIONS

1. While the umbrella company of Pioneer Center for Human Services is accredited, the specific Transitional Home portion of this company's programming is not accredited or licensed, and thus the facility representatives feel that the facility does not fall under the authority of the Mental Health Code. However, the Transitional Home program provides counseling as well as services provided by licensed counselors, and thus it falls into the category of a service provider. The HRA recommends that Pioneer Center pursue accreditation for the Transitional Home or define its authority to provide mental health services.

2. Even if the agency disputes that it falls under the authority of the Mental Health Code, the HRA finds that it is in violation of its own discharge policy and procedure. Ensure that agency discharge procedures are followed and that the clinical justification for discharge is recorded in the file. Ensure that patients who are clinically unsuitable for the level of care provided by the agency are referred to more appropriate treatment and assisted in making arrangements for the continuation of treatment.

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## **RESPONSE**

**Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.**

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Mr. Ray Hemphill, HRA Chairperson  
Illinois Guardianship and Advocacy Commission  
1200 South 1<sup>st</sup> Avenue  
Box 7009  
Hines, Illinois 60141  
RE: Case #09-030-9013

September 15, 2009

Mr. Hemphill,

We have received your letter dated August 19, 2009 with the findings of the Chicago Regional Human Rights Authority. Thank you for your review of this matter and the time the committee members spent on this. While we will not contest the committee's findings there are points in the report we do wish clarify, please see the attached.

We do agree that the matter involving Ms. Deshaw could have been handled in a less confrontational manner. To that end, we have updated the Transitional Home Policy and Procedure Handbook as well as creating client files for those living in the home. Staff have been trained on the importance of thorough documentation in both the client files and the staff log.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kemberly Dailey Johnson", written over a horizontal line.

Kemberly Dailey Johnson, MS  
Director of Quality Assurance

Cc: Client File (closed)  
L. Kopczynski, President/CEO  
D. Haligas, Vice President/Programs